

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	AUG 3 1923 Date of onset 1921
Cerebral hemorrhage	July 5, 1927 DURRANT V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07690

1. PLACE OF DEATH

County Frederick

(13)

Registration Dist. No. 141Village or City Brunswick

St., Ward

Length of residence in city or town where death occurred 30 yrs.No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. d.s.2. FULL NAME Wm C Beatty

If U.S. Veteran specify WAR

(a) Residence: No.

St., Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MaleWhiteMARRIED5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofZemma Chambers

6. DATE OF BIRTH (month, day, and year)

Nov 17 1879

7. AGE

Years
55

Months

Days
7IF LESS than
1 day, hrs.
or min.29

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Butcher9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md

MOTHER FATHER

13. NAME

Alfred C Beatty14. BIRTHPLACE (city or town)
(State or country)Md

15. MAIDEN NAME

Mary Faubelle16. BIRTHPLACE (city or town)
(State or country)Md

17. INFORMANT

Wm C Beatty

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Brunswick MdPlace Brunswick Height 5 ft 8 in Date July 18, 1935

19. UNDERTAKER

Officer & Son

(Address)

20. FILED

July 18, 1935Time 4 pm
U. S. Judge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July151935

22. I HEREBY CERTIFY That I attended deceased from

August 19, 34 to July 15, 1935I last saw him alive on July 15, 1935 death is said
to have occurred on the date stated above, at 7:45 AM.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Date of onset
Cerebral Hemorrhage
Chronic nephritis Duration five years
Catarrh

Other Contributory Causes of importance:

Hypertension
Hepatitis
Arterial sclerosisName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Murphy M.D.
(Address) Brunswick

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 3 1935	Date of onset
Chronic interstitial nephritis	S	1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

07691

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Emergency Hospital, Frederick, Registration Dist. No. 136-6 131
 Village or City Frederick County, No. Emergency Hospital, St., Ward
 Length of residence in city or town where death occurred yrs. mos. & ds. How long in U.S. If of foreign birth? yrs. mos. ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Chester Bonnie
 (a) Residence: No. 428 Middle Alley St. Frederick, Ward. Frederick Co.
 (Usual place of abode) If nonresidential give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>M. Madeline Gooden</u>				
6. DATE OF BIRTH (month, day, and year) <u>June 27, 1898</u>	7. AGE Years <u>37</u>	Months <u>6</u>	Days <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Tabor</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year) <u>June, 1935</u>				
11. Total time (years) spent in this occupation <u>20 yrs</u>				
12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
13. NAME <u>John Bonnie</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
15. MAIDEN NAME <u>Emma Bonin</u>				
16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>				
17. INFORMANT <u>Mary M. Bonin</u> (Address) <u>Frederick, Md.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Frederick, Md.</u> Fairview Cemetery Date <u>7/19/35</u>				
19. UNDERTAKER <u>M. R. Etchison & Sons</u> (Address) <u>Frederick, Md.</u>				
20. FILED <u>18 July, 1935</u> by <u>Dr. G. L. Hardy</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 17 (Month) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to July 17, 1935; last saw him alive on July 17, 1935; death is said to have occurred on the date stated above, at 5:15 p.m..
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pertinaxis

Date of onset July 14, 1935

Other Contributory Causes of importance:
Pneumothorax abscess July 9, 1935
Callosus expectoration

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19_____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) Dr. G. L. Hardy M. D.
 (Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07692

1. PLACE OF DEATH

County Frederick

Village or City Point of Rocks

No. Point of Rocks

Registration Dist. No. 130

St.

Ward

Length of residence in city or town where death occurred 50 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Franklin Brown

(a) Residence: No. Point of Rocks

(Usual place of abode)

If U.S. Veteran specify WAR None

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
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5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Annie V. Wright

6. DATE OF BIRTH (month, day, end year) Dec. 29, 1859

7. AGE Years 75	Months 7	Days 7	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Watchman B. & O. R. R.	
10. Date deceased last worked at this occupation (month and year) 1933	11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME Joseph Brown

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Mary Fry

16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT Mrs. Mary J. Spalding
(Address) Point of Rocks, Md.18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem./Point of Rocks Date 7/9/3519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED July 7, 1935 J. M. Keller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 6th., 1935

(Month)

(Day)

5
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 1931, to

1935

I last saw him alive on May 15, 1935; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aterosclerosis 1930
Chronic Endocarditis 1925
Cerebral Hemorrhage July 6
 Date of onset 1930
 1925
 July 6
 1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Samuel E. Hobbs* M.D.
 (Address) *Adams town, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07693

131

1. PLACE OF DEATH

County

Frederick County

82-a

Registration Dist. No.

Village or City

Montevue Hospital

St.

Ward

Length of residence in city or town where death occurred

71 yrs. 4 mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Philip Brown

5 1/2 St Frederick City

Within the Corporate Limits

Ward.

(Usual place of abode)

not a veteran of any war

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male | 4. COLOR OR RACE colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5e. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

March 23, 1863

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

W.W.D.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Frederick Md

Isaac Brown

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Maryland

Unknown

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Ruth King Clark

Montevue Hospital

Place

July 23, 1935

Date

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Montevue Cemetery

Place

July 23, 1935

Date

19. UNDERTAKER

(Address)

M. P. Detrich & Son

Frederick Md

20. FILED

(Address)

T. J. Don C. Curley

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 22

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 28, 1935, to July 22, 1935

I last saw him alive on July 3, 1935; death is said

to have occurred on the date stated above, et al. 3 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemphlegia left July 20

Date of onset

Other Contributory Causes of Importance:

Cardiac Hemorrhage July 20

35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. P. Brown M. D.

(Address) Frederick, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07694

1. PLACE OF DEATH

County Frederick
 Village or City Brunswick

97

Registration Dist. No. 141St. WardLength of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Elizabeth a Barnes(a) Residence: No. 207 D

(Usual place of abode)

If U.S. Veteran specify WAR _____

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>singe</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓6. DATE OF BIRTH (month, day, and year) Dec 27 1849

7. AGE Years <u>85</u>	Months <u>7</u>	Days <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. <u>Homework</u>

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>✓</u>

10. Date deceased last worked at this occupation (month and year) <u>1880</u>	11. Total time (years) spent in this occupation <u>19</u>
---	---

12. BIRTHPLACE (city or town)
(State or country) va13. NAME Dave Barnes14. BIRTHPLACE (city or town)
(State or country) Md15. MAIDEN NAME Elizabeth a Everhart16. BIRTHPLACE (city or town)
(State or country) va17. INFORMANT mrs J W M Gaha
(Address) Brunswick Md18. BURIAL, CREMATION, OR REMOVAL
Place Union Cemetery Date July 28, 193119. UNDERTAKER Coffin & Son
(Address) Brunswick Md20. FILED July 27, 1931 at ms H. S. Regis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 25(Month) 1931 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 _____ to 19 _____

I last saw her alive on June 1930; death is said to have occurred on the date stated above, at 8:30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute S Chro

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 ____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Ernest West(Address) Brunswick Md

D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	CEVVED	1915
Chronic interstitial nephritis	AUG 3 1935	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927
<hr/>		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
<hr/>		

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07695

1. PLACE OF DEATH

County FREDERICKVillage or City FOUNTAIN MILLSLength of residence in city or town where death occurred 35 yrs.

82-a

Registration Dist. No.

136

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME PATRICK FRANCIS COOK(a) Residence: No. NEAR FOUNTAIN MILLS
(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofGeo. E. Cook (DEAD)6. DATE OF BIRTH (month, day, and year) JAN 28 1859

7. AGE Years <u>76</u>	Months <u>5</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <u>X</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>NONE</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) FREDERICK
(State or country) MARYLAND13. NAME Peter Boyer14. BIRTHPLACE (city or town) FREDERICK
(State or country) MARYLAND15. MAIDEN NAME KATHERINE WILES16. BIRTHPLACE (city or town) FREDERICK
(State or country) MARYLAND17. INFORMANT BERNARD COOK
(Address) Spannerville18. BURIAL, CREMATION, OR REMOVAL
Place MT. OLIVET CEMETERY Date JULY 23, 193519. UNDERTAKER HARRY E. CARTY CO
(Address) FREDERICK MD20. FILED July 22, 1935 800 hundred hours

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 20, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mosse 1935 to July 20, 1935I last saw her alive on July 20, 1935; death is said to have occurred on the date stated above, at 9:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Neuropathy Date of onset
July 1935
or Central Nervous System July 20

Other Contributory Causes of importance:

Arterial Hardening. Date of
July 20

Name of operator _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. P. Ploof M. D.(Address) new market Rd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED AUG 5 1925	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07696

1. PLACE OF DEATH

County Frederick
 Village or City Brunswick

82-a

Registration Dist. No. 141

141

St., Ward

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Catherine E Crowell(a) Residence: No. 6 C

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white 5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED widow6. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofChas B Crowell

6. DATE OF BIRTH (month, day, and year)

Sept 12 1863

7. AGE

Years 71 Months 10 Days 5 11 LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Ireland

MOTHER FATHER

13. NAME Peter Flynn14. BIRTHPLACE (city or town)
(State or country)Ireland15. MAIDEN NAME Bridget Casey16. BIRTHPLACE (city or town)
(State or country)Ireland

17. INFORMANT

Mrs James W Jenkins
(Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL

Place Brunswick Md Date July 20, 1935

19. UNDERTAKER

Coffin & Son
(Address) Brunswick Md

20. FILED

July 19, 1935 File No. 18-1000

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July171935

22. I HEREBY CERTIFY That attended deceased from

March 1935 July 17, 1935I last saw her alive on July 9, 1935 death is said
to have occurred on the date stated above, a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Hemorrhage

Date of onset

July 14, 1935

Other Contributory Causes of Importance:

HypertensionName of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. O. G. Schaeffer

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	AUG 3 1935	1915
Arteriosclerosis		1921
Chronic interstitial nephritis	BUREAU V. S.	July 5, 1927

Example II

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:		
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N.B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

07697

1. PLACE OF DEATH

County Frederick *Home for Aged*
 Village or City Frederick

(18b-a)

Registration Dist. No.

131

St.

Ward

Length of residence in city or town where death occurred 11 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane De Washnert(a) Residence: No. 115 Record

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar 15 1844

7. AGE

91

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Retired9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Buckeyestown
Md.13. NAME Arthur De WashnertBuckeyestown
Md.14. BIRTHPLACE (city or town)
(State or country)Buckeyestown
Md.15. MAIDEN NAME Sarah MichiganBuckeyestown
Md.16. BIRTHPLACE (city or town)
(State or country)Buckeyestown
Md.17. INFORMANT Mrs. E. H. Mc BrideFrederick Md.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Buried

Place

Date

19. UNDERTAKER E. Cline & SonFrederick Md.

(Address)

20. FILED July 1935 J. McClellan

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 9th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 3, 1935 to July 9th, 1935I last saw him alive on July 9, 1935; death is saidto have occurred on the date stated above, et. 7:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Coronary OcclusionDate of onset
7/19/35

Other Contributory Causes of importance:

Fall on Stairway injury left
hip on July 3 or 35 Shock

Name of operation _____ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? A accident Date of injury 7/31, 1935Where did injury occur? Home for Aged

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Fall on Stairway at HomeManner of injury FallNature of injury Deceased fell on his hip

24. Was disease or injury in any way related to occupation of deceased?

if so, specify Accident(Signed) Charles J. Goodell M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 5 1930	Date of onset 1915
Chronic interstitial nephritis	BURDAU V. S.	1921
Cerebral hemorrhage	July 5, 1927	

Other contributory causes of importance:

Gallstones	May 1, 1923	

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07698

1. PLACE OF DEATH

County Frederick Co. Registration Dist. No. 131
 Village or City Frederick, Md. No. 46-8 Hospital St., Ward 1

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Wolfsville St., Ward Outside
 (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
------	------------------------	--

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>60</u>	Months <u>0</u>	Days <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

laborer

md.

13. NAME Williams Eddins

14. BIRTHPLACE (city or town)
(State or country)

15. MARION NAME Kate Glenn

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mr. M. L. Scherf
(Address) Montgomery, Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Montgomery Date July 11, 1938

19. UNDERTAKER Harry E. Gandy Co.
(Address) Frederick, Md.

20. FILED July 11, 1938死 J. McHenry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July (Month) 11 (Day), 1938 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 30 1938 to July 11, 1938

I last saw him alive on July 10, 1938; death is said to have occurred on the date stated above, at 4:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia &
Stomach
1938?

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Bethelmar M. D.

(Address) Montgomery, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example 1		Date of onset
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis		1915
Chronic interstitial nephritis	RECEIVED	1921
Cerebral hemorrhage		July 5, 1922
	AUG 5 1935	
	BUREAU V. S.	
Other contributory causes of importance:		
Gallstones		May 1, 1922

Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:		Date of onset
	<i>Attack of epilepsy</i>	1 week ago
	<i>Run over by street car</i>	1 week ago
7	<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:		
8	<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07699

1. PLACE OF DEATH

Frederick
County

Village or City Thurmont

Length of residence in city or town where death occurred 15 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

144

Registration Dist. No.

St.

Ward

2. FULL NAME

Anderson Hicks Etzler

(a) Residence: No. Thurmont

(Usual place of abode)

If U.S. Veteran specify WAR

NO

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White

Married

5a. If married, widowed, or divorced HUSBAND of (or wife) Ida M. Ecker

Dessie Saxten

6. DATE OF BIRTH (month, day, and year) Feb. 23rd. 1861

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

74

4

22

1 day, hrs. or min.

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. Miller

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Flour Mill

10. Date deceased last worked at this occupation (month and year) 1910 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Johnsburg

(State or country) MD

13. NAME George W. Etzler

Liberty

14. BIRTHPLACE (city or town) Margaret C. Albaugh

(State or country) Md

15. MAIDEN NAME Margaret C. Albaugh

Johnsville

16. BIRTHPLACE (city or town) Md

(State or country)

17. INFORMANT Mrs. A. H. Etzler.

(Address)

Thurmont. MD

18. BURIAL, CREMATION, OR REMOVAL Beaver Dam. Date July 18, 1935

19. UNDERTAKER M. L. Creager & Son.

(Address)

Thurmont. MD

20. FILED July 17, 1935 Anna M. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

15
(Month)
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan. 27, 1935, to July 15, 1935. I last saw him alive on July 15, 1935; death is said to have occurred on the date stated above at 10:23 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aneurysm of the
dorsal Aorta.Sep.
1935

Other Contributory Causes of Importance:

None

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Anna M. Jones
(Address) Thurmont, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 3 1905	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1928	Gastroenteritis	1 year

Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDER
N. B.—WRITE **PLAINLY**, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated **E X A C T L Y**. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07700

1. PLACE OF DEATH

County

~~Frederick~~

(131)

Village or City

~~Montevue Hospital~~

Registration Dist. No.

131

Length of residence in city or town where death occurred

W. M.

4 yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

James Cyler

107 E 6th St City

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widower

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Katherine Fogle

6. DATE OF BIRTH (month, day, and year)

75

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

6

16

OCCUPATION

77

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and end year)

Laborer

Retired.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Frederick

Maryland

MOTHER / FATHER

13. NAME

Henry Cyler

14. BIRTHPLACE (city or town)

(State or country)

Maryland

Unknown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	5 1895	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07701

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick

Village or City Frederick

Length of residence in city or town where death occurred 50 yrs.

93-C

Registration Dist. No.

13!

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. 1278, 3rd St., St. How long in U.S. if of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR. None

2. FULL NAME Hattie Grace Fahrney

(a) Residence: No. 127 East Third

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
---------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of O. Dennis Fahrney

6. DATE OF BIRTH (month, day, and year) December 6, 1872

7. AGE Years 63	Months 7	Days 23	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home	
10. Date deceased last worked at this occupation (month and year) July 1935	11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Daniel L. Koogle

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Ida Welker

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Charles Roderick
(Address) 127 E. Third St., City18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
Place Frederick, Md. Date 7/31/193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 30-July-35 Reg. M. Gandy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 29th,
(Month)1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to July 29, 1935; I last saw her alive on July 29, 1935; death is said to have occurred on the date stated above, at 8:30 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocorditis

Date of onset
July

Other Contributory Causes of Importance:

acute decompenation 1 day

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lawrence Fahrney M. D.
(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	Date of onset 1921
Cerebral hemorrhage	Date of onset July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	Date of onset 1 week ago
Peritonitis	Date of onset 3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07702

1. PLACE OF DEATH

County Frederick

Village or City nr. Thurmont

210-m

Registration Dist. No.

144

St. Ward

Length of residence in city or town where death occurred yrs. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abdiel Garber

(a) Residence: No.

Thurmont, Md.

St. Ward.

If U.S. Veteran specify WAR None

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
-------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of late, Sarah C. Garber

6. DATE OF BIRTH (month, day, end year) 1849-6-5

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	23	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Frederick Co., Maryland

13. NAME Enoch Garber

14. BIRTHPLACE (city or town), (State or country) Frederick Co., Maryland

15. MAIDEN NAME Sarah C. Barnhart

16. BIRTHPLACE (city or town), (State or country) Washington Co., Maryland

17. INFORMANT Mrs. Mary Miller,
(Address) Thurmont, Md.18. BURIAL, CREMATION, OR REMOVAL
Linganore Cemetery, Date July, 31, 193519. UNDERTAKER L. M. Waltz
(Address) Winfield, Md.20. FILED July 29, 1935 Anna M. Jones
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 28, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 28, 1935 to July 28, 1935
I last saw him alive on July 28, 1935; death is said
to have occurred on the date stated above, at 7:30 a.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Compound fracture
base of skull

Date of onset

Other Contributory Causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury July 28, 1935

Where did injury occur? On highway #75 near Thurmont

(Specify city or town, county and State) Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public road.

Manner of injury Struck by automobile

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

James R. Gray, M. D.

(Address) Thurmont, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	N 3 1922	July 5, 1922

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07703

1. PLACE OF DEATH

County Frederick

Village or City Frederick

Length of residence in city or town where death occurred

122-6

Registration Dist. No. 13

Ward

No. Frederick City Hospital St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. Lovettsville, Va.

(Usual place of abode)

St., Ward. Lovettsville, Va.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE 96. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Jno Gray

6. DATE OF BIRTH (month, day, and year)

May 31-1899

7. AGE Years Months Days If LESS than
36 1 26 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

House Keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

July 25 18 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country)

Loretown

Virginia

13. NAME Luren Brown

14. BIRTHPLACE (city or town). (State or country)

Loretown

Virginia

15. MAIDEN NAME Alice Fleming

16. BIRTHPLACE (city or town). (State or country)

Loretown

Virginia

17. INFORMANT J. P. Gray

(Address)

Loretown, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date July 30, 1935

19. UNDERTAKER R. Warren & Son

(Address)

Frederick, Md.

20. FILED 25 July, 1935 S. J. McEady

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 25, 1935 (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 24, 1935 to July 25, 1935

I last saw her alive on July 25, 1935; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute intestinal obstruction

Date of onset

Other Contributory Causes of Importance:

Name of operation Laparotomy Date of July 25, 1935

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

F. Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesmen and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07704

1. PLACE OF DEATH

County Frederick
Village or City Frederick

Within the Corporate Limit

Registration Dist. No. 131

St., Ward

No. Frederick City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

None

2. FULL NAME Miss. Elizabeth Margaret Haller U.S. Veteran specify WAR.

(a) Residence: No. 241 S. Market

Within the Corporate Limit

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
---------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *****

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1870

7. AGE 64	Years 9	Months	Days 10	If LESS than 1 day, hrs. or min.
-----------	---------	--------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) 6/35 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Henry Wm. Haller

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Elizabeth Darnell

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Miss. Edith M. Haller

(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Fred Date July 10, 1935

19. UNDERTAKER M. R. Etchison & Son

(Address) Frederick, Md.

20. FILED

July 13, 1935
Signed J. H. Candy
Register

59

No. Frederick City Hospital

Registration Dist. No. 131 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

None

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 8th.

5

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

June 28, 1935, to July 8, 1935

I last saw her alive on July 8, 1935; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

years

Other Contributory Causes of importance:

Hypertension Chronic Nephritis

years

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) A. Justin Geary M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVED	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1935 BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07705

1. PLACE OF DEATH

County FrederickVillage or City Frederick

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 423 Klumbert ave St., Ward.

(Usual place of abode)

Registration Dist. No. 131No. 423 Klumbert ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u>
----------------------	---------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
--------------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)13. NAME Harry W. Goodman14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Rebecca M. Hampton16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Harry W. Goodman
(Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mortuary Date July 20, 193519. UNDERTAKER L. E. Colvin & Son
(Address) Frederick Md.20. FILED 20 July 1935 S. J. McNamee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 19 (Month) 19 (Day), 1935 (Year)22. I HEREBY CERTIFY, that I attended deceased from July 19, 1935 to July 19, 1935.I last saw him alive on Stillington, 1935; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John J. McNamee D. D.(Address) 227 Saint St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

RECEIVED
MAY 5 1923
LIBRARY V.S.

1921

July 5, 1927

May 1, 1923

Example II*

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07706

1. PLACE OF DEATH

County FrederickVillage or City STATE SANATORIUM, MD.

Registration Dist. No.

139

23

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 2 mos. 19 ds. If death occurred in a hospital or institution, give its NAME instead of street and number

yrs. mos. ds.

2. FULL NAME Sallie E. Hogans(a) Residence: No. Rock Hall, Kent Co.

St. Ward.

Maryland

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
----------------------	-------------------------------	---

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
none

6. DATE OF BIRTH (month, day, and year) Sept. 6, 1878

7. AGE Years <u>56</u>	Months <u>10</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPEPER, etc. Housekeeper
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home
 10. Date deceased last worked at this occupation (month and year) 5/5/35 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Franklin Taylor Hogans14. BIRTHPLACE (city or town)
(State or country) Pennsylvania15. MAIDEN NAME Mary Jane (unknown)16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT deceased on admission
(Address) Rock Hall Md.18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hall Date unknown, 193519. UNDERTAKER Wm. H. Good
(Address) Church Hill Queen Anne Co.20. FILED July 29, 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 29, 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from May 10, 1935, July 29, 1935

I last saw her alive on July 29, 1935; death is said to have occurred on the date stated above, at 45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Jan

1935

Other Contributory Causes of importance:

NoneName of operation none Date of
What test confirmed diagnosis X-Ray & Sputum Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul O'Brien M. D.(Address) State Sanatorium

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07706

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick

Within the Corporate limits

(131)

Registration Dist. No.

131

Village or City FrederickNo. 714 Trail Ave.

ST.

Ward

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME George Edward House(a) Residence: No. 714 Trail AvenueSt., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of Mildred L. House
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 29, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	54	0	11	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Kemp's Confectionery
10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME Francis L. House14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Mary Jane Haines16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. George E. House
(Address) 714 Trail Ave., Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
Place Frederick, Md. Date 7/13, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED July 14, 1935 Dr. J. McCurdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 10, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 3, 1934 to July 10, 1935; death is saidI last saw him alive on July 10, 1935; death is said to have occurred on the date stated above, at 4 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paroxysmal nephritis Oct 3, 1934

Other Contributory Causes of Importance:

Chronic myocarditis Oct. 11, 1934

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B. Thomas

M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Hause

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<i>RECEIVED</i>	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	1925	July 5, 1927

REAU V. S.

Other contributory causes of importance:—

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07709

1. PLACE OF DEATH

County

Frederick

Village or City

Frederick

(50)

Registration Dist. No.

131

Length of residence in city or town where death occurred

44 yrs.

No. 17 E., Second St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

17 East 2nd

(Usual place of abode)

If U.S. Veteran specify WAR

None

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

James C. Jones

6. DATE OF BIRTH (month, day, and year)

June 28 1891

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

44

25

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Housewife

MOTHER FATHER

MOTHER FATHER

12. BIRTHPLACE (city or town)

(State or country)

Frederick

Maryland

MOTHER FATHER

MOTHER FATHER

13. NAME

Thomas P. Rice

14. BIRTHPLACE (city or town)

(State or country)

Frederick

Maryland

MOTHER FATHER

MOTHER FATHER

15. MAIDEN NAME

Lillian Steiper

16. BIRTHPLACE (city or town)

(State or country)

Frederick

Maryland

17. INFORMANT

Ruger P. Rice

(Address)

18. BURIAL, CREMATION OR REMOVAL

Mt. Olivet

Date July 25 1935

Place

19. UNDERTAKER

Conrad Funeral Home

(Address)

20. FILED

Ira J. McCurdy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 25

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 6th 1935 to July 24th 1935

I last saw her alive on July 23rd 1935; death is said
to have occurred on the date stated above at 7:00a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Acute cardiac dilatation 7:33:35

Scirrhous Carcinoma of left breast 7:33:35

Duration: since June 1930

Other Contributory Causes of importance:

Carcinomatosis

11-13-34

Name of operation

Date of

What test confirmed diagnosis? Pathological specimen at necropsy
Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	AUG 5 1935 Date of onset 1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

STATE OF MARYLAND—CERTIFICATE OF DEATH

07710

1. PLACE OF DEATH

County

Frederick

91

Registration Dist. No.

132

Village or City

Middletown, Md.

St., Ward

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

A. B. Kefauver

6. DATE OF BIRTH (month, day, and year)

May 14, 1840

7. AGE

Years 95

Months 2

Days 1
If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) May 1, 193511. Total time (years)
spent in this
occupation 7012. BIRTHPLACE (city or town)
(State or country)

Waynesboro,

13. NAME Rev. George W. Gleason

14. BIRTHPLACE (city or town)
(State or country)

Waynesboro,

15. MAIDEN NAME Mary Ann Beeson

16. BIRTHPLACE (city or town)
(State or country)

Waynesboro,

17. INFORMANT Mrs. Amy R. Remmey

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Reformed Cemetery Date July 17, 1935

19. UNDERTAKER H. H. Hill Co.

(Address)

20. FILED July 17, 1935 D. Wayson Danvers

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 15 - , 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 1st, 1935 to July 15, 1935

19

Last saw deceased alive on July 15, 1935; death is said
to have occurred on the date stated above, at 2:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Arterio Sclerosis
(old age.)

Date of onset

Other Contributory Causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Haas M. D.

(Address) Middletown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	REC'D 5 1929	July 5, 1927

BUREAU V. S.		
Other contributory causes of importance:		

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07711

1. PLACE OF DEATH

County Frederick

Village or City STATE SANATORIUM, MD.

Registration Dist. No. 139

Length of residence in city or town where death occurred

yrs. 5 mos. 25

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. FULL NAME Bernard J. Kelly.

(a) Residence: No. 1 Broadship Road

(Usual place of abode)

St. Ward. Dundalk, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year) Dec. 8 1905.

7. AGE Years 29 Months 6 Dey 27 If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Clerk.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Dec. 193411. Total time (years)
spent in this
occupation 6 Yrs.12. BIRTHPLACE (city or town)
(State or country) Baltimore,
Maryland.

13. NAME William J. Kelly

14. BIRTHPLACE (city or town)
(State or country) Maryland.

15. MAIDEN NAME Mary E. Aloff

16. BIRTHPLACE (city or town)
(State or country) Maryland.17. INFORMANT Bernard J. Kelly
(Address) Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Dundalk Md. Date July 17, 1935

19. UNDERTAKER M. L. Creager
(Address) Thurmont, Md.

20. FILED 7/15, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 15
(Month) (Day), 1935
(Year)22. I HEREBY CERTIFY, That I attended deceased from
Jan. 20, 1935, to July 15, 1935.I last saw him alive on July 14, 1935; death is said
to have occurred on the date stated above, at 2:00 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Pulmonary Tuberculosis

April 1929

Other Contributory Causes of Importance:

Tuberculous Laryngitis

Chronic Tubular Nephritis

Name of operation none Pos. Sputum

What test confirmed diagnosis Chest X Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stewart J. Shaffer M. D.

(Address) State Sanatorium Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07712

1. PLACE OF DEATH

County Frederick

Village or City near Mt. Pleasant

(48)

Registration Dist. No. 131

St. Ward

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Abboth Alcinda Keys

(a) Residence: No. Mr. Mt. Pleasant,

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Ward

St. Ward

If nonresidential, give city or town and State

Outside

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND OR (or) WIFE OF Thomas Key

6. DATE OF BIRTH (month, day, and year) Aug-14-1881

7. AGE Years 53	Months 11	Days 4	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation month and year) 1930

11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (city or town)
(State or country)

13. NAME Malow A. C. Biggus

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Isabelle Thomas

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Fannie Jenkins
(Address) Liberty Town

18. BURIAL, CREMATION, OR REMOVAL Place Liberty Town Date July 11, 1935

19. UNDERTAKER Powell & Albough
(Address) Liberty Town20. FILED 10 JUly 1935 S. McLeamy
(Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 8th, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Apr 1935 to June 15, 1935; I last saw her alive on June 15th, 1935; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of uterus Date of onset 1933

Other Contributory Causes of importance: Chronic Multiple Arthritis Date 1930

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ (Signed) Otis G. Stone M. D.

(Address) Liberty Town

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation
11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

	RECEIVED
Arteriosclerosis	
Chronic interstitial nephritis	Aug 5 1935
Cerebral hemorrhage	
	BUREAU V. S.

Example 11

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1
N. B.—PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07713

1. PLACE OF DEATH

County FrederickVillage or City Frederick

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 13

Ward

No. Frederick City Hospital

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Charles Augustus Lawson(a) Residence: No. Pearl Truck Co. Md. St.

(Usual place of abode)

Ward

Outside R. I. D. I.

If nonresidential give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary Perry Lawson

6. DATE OF BIRTH (month, day, and year)

Dec. 18-1868

7. AGE

Years 66Months 6Days 13If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Aug 1/3511. Total time (years)
spent in this
occupation28 yrs12. BIRTHPLACE (city or town)
(State or country)Mass.No. S.A.

13. NAME

Doux Known

14. BIRTHPLACE (city or town)

""

15. MAIDEN NAME

Doux Known

16. BIRTHPLACE (city or town)

""

17. INFORMANT

Mrs. Mary Lawson(Address) Pearl Truck Co. Md.

18. BURIAL, CREMATION, OR REMOVAL

BurialDate July 4, 1935

19. UNDERTAKER

C. E. Clegg & Son(Address) Frederick Md

20. FILED

July 19, 1935McMurphyRegistr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)1
(Day)1935
(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1, 1935, to July 1, 1935I last saw him alive on July 1, 1935; death is saidto have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Angina Pectoris

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation _____ Data of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Data of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) A. Justin Pease M. D.(Address) Frederick, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Aug 5 1935	1915
CHRONIC INTERSTITIAL NEPHRITIS	1921
CEREBRAL HEMORRHAGE	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

D. J. Deane

STATE OF MARYLAND—CERTIFICATE OF DEATH

07714

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County FrederickVillage or City No. CraggertonRegistration Dist. No. 144

St., Ward

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. 1012 Laysman

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Singe

6e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

July 3 - 1935

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Granville Layman

13. NAME Granville Layman

Frederick Co. Md

14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Ethel Miles

Frederick Co. Md

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Granville Layman

Resident Ind R.D. 2

18. BURIAL, CREMATION, OR REMOVAL

Place Layman's Date July 3, 193519. UNDERTAKER M. L. Craggerton(Address) Frederick, Md20. FILED July 3, 1935 Anna M. Jorale

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 3, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 3, 1935 to July 3, 1935

Last saw him alive on July 3, 1935; death is said to have occurred on the date stated above, et al. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn

Date of onset

July 3, 1935

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Bethune M. D.(Address) Frederick, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	NIC 3 1925	1915
Cerebral hemorrhage	BUREAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07715

1. PLACE OF DEATH

County Frederick County

(159)

Registration Dist. No.

131

Village or City Montezuma, FrederickNo. Emergency Hospital

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Bethy Boey Long

St.

Ward

Outside

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)MaleWhiteSingle

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationNew Born

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Albert Castle (deceased)

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Ruth Naomi Long

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs. M. Lydia Sawyer, Montezuma

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Montezuma Cemetery, Aug. 1935

19. UNDERTAKER

Deering C. Carpenter, Frederick

(Address)

20. FILED

Aug. 1935, Deering C. Carpenter, Frederick

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

31

1935

22. I HEREBY CERTIFY, That I attended deceased from

July 31, 1935, to July 31, 1935
I last saw him alive on July 31, 1935, death is said

to have occurred on the date stated above; at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Premature labor
(6 mos. fetus)

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Deering C. Carpenter, M.D.
Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
AUG 5 1935
BUREAU V

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07716

1. PLACE OF DEATH

County Frederick
 Village or City Woodstock

Length of residence in city or town where death occurred 38 yrs. 8 mos. 29 ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
 How long in U. S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 140

St.

Ward

2. FULL NAME

Carrie May Long
 (a) Residence: No. Woodstock St. Ward. no Veteran

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)SingleSa. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 13 - 1896

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
<u>38</u>	<u>8</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hausfrau

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) July 31

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

George H. Young

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Anya M. Wood

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Mrs Anna M. Shultz

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place: rocky ridgeDate: July 4, 1935

19. UNDERTAKER

Mc Gregor & Son

(Address)

20. FILED

July 14, 1935

E. G. Powell

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 12
(Month) 1935
(Day) 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 11, 1935, to July 12, 1935.
 I last saw her alive on July 12, 1935; death is said to have occurred on the date stated above, at 6 A.M..
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac dilationPrimary Cause: mitral insufficiency

Other Contributory Causes of importance:

Cerebral asthmaName of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. G. Thomas M. D.
 (Address) Frederick Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	NOV 3 1920	1921
Cerebral hemorrhage	BUREAU V.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07717

1. PLACE OF DEATH

County. Frederick

Village or City Graceham-- Outside

Length of residence in city or town where death occurred 3 I yrs.

No.

Registration Dist. No. 144

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sherley Elizabeth Long.

(a) Residence: No. Graceham

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

None

6. DATE OF BIRTH (month, day, and year)

June 8th 1932

7. AGE Years 3	Months I	Days 0	If LESS than 1 day, _____ hrs. or _____ min.
----------------	----------	--------	--

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Md
---	----

13. NAME Samuel A. Long	Md
-------------------------	----

14. BIRTHPLACE (city or town) (State or country)	MD
---	----

15. MAIDEN NAME Sadie R. Lewis	
--------------------------------	--

16. BIRTHPLACE (city or town) (State or country)	Smithsburg
---	------------

17. INFORMANT Samuel A. Long	
------------------------------	--

(Address) Rocky Ridge	MD
-----------------------	----

18. BURIAL, CREMATION, OR REMOVAL	
-----------------------------------	--

Place Creagerstown	Date July 10th 35
--------------------	-------------------

19. UNDERTAKER M. L. Greager & Son.	
-------------------------------------	--

(Address) Thurmont	MD
--------------------	----

20. FILED July 9, 1935	Anna M. Jones
------------------------	---------------

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July.

8th.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 8, 1935, to July 8, 1935

I last saw him alive on never, 19 ; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning

Date of onset

7/8/35

Other Contributory Causes of importance:

none

Name of operation:

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/8, 1935

Where did injury occur? At home

Specify city or town, county and State)

In a spring near house

Manner of injury Fall in alone

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no cause of death

(Signed) J. A. Gray M. D.

(Address) Thurmont MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
<i>Arteriosclerosis</i>	RECEIVED	1915
<i>Chronic interstitial nephritis</i>	AUG 3 1925	1921
<i>Cerebral hemorrhage</i>		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
<i>Attack of epilepsy</i>		1 week ago
<i>Run over by street car</i>		1 week ago
<i>Peritonitis</i>		3 days ago
Other contributory causes of importance:		
<i>Gallstones</i>	May 1, 1923	<i>Gastroenteritis</i>
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The remains were viewed by Magistrate W. J. Stoner of Thermont Md., who concurred in the medical opinion of accidental drowning and that the circumstances did not warrant an inquest. *J.A.G.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH				
County <u>Frederick</u> <u>the Corporate limits.</u> (13)				
Village or City <u>Frederick</u>				
Length of residence in city or town where death occurred <u>50</u> yrs.				
(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. <u>ds.</u> How long in U.S. If of foreign birth? yrs. mos. ds.				
2. FULL NAME <u>Mary Anna Mantz</u>				
(a) Residence: No. <u>125 Market</u> St., Ward.				
(Usual place of abode)				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
<u>Female</u>	<u>White</u>	<u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>April 19-1854</u>				
7. AGE	Years <u>81</u>	Months <u>2</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Miliner</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1929</u> 11. Total time (years) spent in this occupation <u>25 yrs</u>			
MOTHER FATHER	12. BIRTHPLACE (city or town) <u>Frederick Md.</u> (State or country)			
	13. NAME <u>William Mantz</u>			
	14. BIRTHPLACE (city or town) <u>Frederick Md.</u> (State or country)			
MOTHER	15. MAIDEN NAME <u>Honey Jane Henderson</u>			
	16. BIRTHPLACE (city or town) <u>Brownsville Pa.</u> (State or country)			
	17. INFORMANT <u>Miss Anna Mantz</u> (Address) <u>Frederick Md.</u>			
	18. BURIAL, CREMATION, OR REMOVAL Place <u>McOliver Cem.</u> Date <u>Aug 15, 1935</u>			
	19. UNDERTAKER <u>C. E. Gantz & Son</u> (Address) <u>Frederick Md.</u>			
	20. FILED <u>15 July, 1935</u> <u>J. M. Lewis</u> Registrat.			

07718

Registration Dist. No. 13A St. Ward

No. 125 Market

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 13 1935

22. I HEREBY CERTIFY That I attended deceased from July 6, 1935, to July 13, 1935. Last saw him alive on July 13, 1935; death is said to have occurred on the date stated above, at 10:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic nephritis Date of onset

Other Contributory Causes of importance:

Hypertension Year
Thyroidal Disease Year

Name of operation _____ Date of _____

What test confirmed diagnosis? Clam Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) A. Gustave Gantz M. D.
(Address) G. Gantz & Son, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	AUG 5 1935	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07719

1. PLACE OF DEATH

County Frederick
Village or City Frederick

Within the Corporation

668

Registration Dist. No.

131

Length of residence in city or town where death occurred yrs.

No. Frederick City Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Marguerite, Mrs Sarah Marguerite
Knoxville Md

Ward

Nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female White Widow5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofJohn M. Marguerite

6. DATE OF BIRTH (month, day, and year)

23 - March 1859

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.76322

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Baltimore
Baltimore Co Md

MOTHER FATHER

13. NAME

Samuel Gorber14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Elizabeth Keller16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

to Waugh Ferry

Date

19 July 1935

19. UNDERTAKER

(Address)

Jesse P. Daily

Baltimore

20. FILED

(Address)

16 July 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 16, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 13, 1935, to July 16, 1935
I last saw her alive on July 16, 1935; death is said
to have occurred on the date stated above, at 112 pm.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Hypertension
Arteriosclerosis
Cardiac Insufficiency
Paroxysmal Tachycardia

Date of onset

Other Contributory Causes of importance:

Tonic Spasms (Addison's) gal

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

Austin Davis
(Signed) Fredrick Md M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	AUG 5 1925	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BURRALL V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07720

MARGIN RESERVED FOR BINDING

N. B.—**WRITE PAINLY, WITH UNFADING INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick

(167)

Registration Dist. No. 137

Village or City Oak Orchard, --R.F.D. - New Windsor,

St. Ward

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert H. Miller,

(a) Residence: No. Oak Orchard, Md. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-------------	------------------------	---

6. If married, widowed, or divorced
HUSBAND of
Wife Mrs. Clara E. Miller

6. DATE OF BIRTH (month, day, and year) 1875-9-12

7. AGE Years 59	Months 9	Days 20	If LESS than 1 day, hrs. or min.
-----------------	----------	---------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEKEEPER, etc. Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 7/1935 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland

13. NAME Frederick Miller,

14. BIRTHPLACE (city or town) Unknown
(State or country) "

15. MAIDEN NAME Grimes,

16. BIRTHPLACE (city or town) Unknown
(State or country) "17. INFORMANT Mrs. Clara E. Miller,
(Address) R.F.D. #2, New Windsor, Md.

18. BURIAL, CREMATION, OR REMOVAL

Please Linganore Cemetery Date July 4, 1935.

19. UNDERTAKER G. M. Haltz,
(Address) Winfield, Md.20. FILED July 3, 1935 M. D. Turpender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July, 2nd.

(Month) (Day) (Year) 1935

22. I HEREBY CERTIFY That I attended deceased from July 2nd, 1935, to July 2nd, 1935.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gun shot wound of the left chest & abdomen. Heart & lungs inflamed, also

Other Contributory Causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (VIDELNCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury July 2nd, 1935

Where did injury occur? This home Frederick Co., Md.

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address) Philip Haltz, New Windsor, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation
11.—The number of years the deceased followed the occupation

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example -

Example 1	
	RECEIVED Date of onset
The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	AUG 3 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	BUREAU July 5, 1921

Example II

Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance

Other contributory causes of importance:

Gallstones

May 1, 1925

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07725

1. PLACE OF DEATH

County FrederickVillage or City FrederickLength of residence in city or town where death occurred 23 yrs.

mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

(131)

Registration Dist. No. 1312. FULL NAME Laura V. Mohler(a) Residence: No. 339 N. Market

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE ofThos J. Mohler

6. DATE OF BIRTH (month, day, end year)

March 11-1847

7. AGE

Years <u>88</u>	Months <u>4</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	-----------------	---------------	--

OCCUPATION

<u>8241</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housekeeper</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Boarding House</u>	
10. Date deceased last worked at this occupation (month and year) <u>1924</u>	11. Total time (years) spent in this occupation <u>27 yrs</u>

12. BIRTHPLACE (city or town)
(State or country)Broadfoot Md

13. NAME

Daniel Tucker14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Mary Webster16. BIRTHPLACE (city or town)
(State or country)Frederick County Md

17. INFORMANT

John Mohler

(Address)

Frederick Md

18. BURIAL, CREMATION, OR REMOVAL

Buried in ground

Place

July 14, 1935

Date

19. UNDERTAKERJ. E. Olive & Son

(Address)

Frederick Md

Registar.

20. FILED

July 15, 1935

Date

J. M. Goode

(Address)

Frederick Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 11
(Month) 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

1915 to July 11, 1935
I last saw him alive on July 11, 1935; death is said
to have occurred on the date stated above, at 2 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic interstitial
nephritis
TonsDate of onset
July 7

Other Contributory Causes of Importance:

Hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 ____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Goode
(Address) Frederick Md M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1935	July 5, 1927

REDAUL V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07731

1. PLACE OF DEATH

County Frederick
Village or City Buckeystown

No.

Registration Dist. No.

130

St., Ward

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? years. mos. ds.2. FULL NAME George H. Morningstar(a) Residence: No. Buckeystown red. St., Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
--------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
1. Harriet Elizabeth Morningstar
2. Sarah Morningstar
3. Catherine Morningstar

6. DATE OF BIRTH (month, day, and year) Feb. 17 - 1845

7. AGE <u>90</u>	Years	Months <u>5</u>	Days <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Retired</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Urbana red.

13. NAME <u>Michael Morningstar</u>
14. BIRTHPLACE (city or town) (State or country) <u>don't know</u>

15. MAIDEN NAME Catherine Layman16. BIRTHPLACE (city or town)
(State or country) don't know17. INFORMANT John E. Morningstar
(Address) Buckeystown red.18. BURIAL, CREMATION, OR REMOVAL
Place not buried Date Aug 2, 193519. UNDERTAKER G.E. Cline & Son
(Address) Frederick red.20. FILED Aug 1, 1935 J.W. Miller
Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Frederick 31 July, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from

July 30, 1935 to July 31, 1935; death is said to have occurred on the date stated above, at 7:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. E. McGlaser M. D.(Address) Buckeystown red.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 3 1925	July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

0772

1. PLACE OF DEATH

County Frederick

Within the Corporate Limits
93-C

Registration Dist. No. 131

Village or City Frederick

St. Ward

Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 ds. How long in U.S. if of foreign birth? 7 yrs. 7 mos. 7 ds.

2. FULL NAME Charles Hunter Ramsburg

(a) Residence: No. 2100XX.

(Usual place of abode)

No. 210 W. Patrick

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U.S. Veteran specify WAR None

Martinsburg, W. Va.

St. Ward

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 2nd., 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That attended deceased from May 1 to July 2, 1935.

I last saw h. in alive on July 1, 1935; death is said to have occurred on the date stated above, at 1:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis
Atherosclerosis

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) N. Slesher M. D.

(Address) Frederick Md.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Hosiery Mill		
10. Date deceased last worked at this occupation (month end year)	Nov. 34	11. Total time (years) spent in this occupation	45

12. BIRTHPLACE (city or town)
(State or country) W. Virginia

13. NAME David Ramsburg

14. BIRTHPLACE (city or town)
(State or country) Berkley Co., W. Va.

15. MAIDEN NAME Catherine Franks

16. BIRTHPLACE (city or town)
(State or country) Berkley Co., W. Va.17. INFORMANT Mrs. W.W. Rodeffer
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date July 4, 1935

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.

20. FILER

July 1935 Date of filing
Registrar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07723

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick

Village or City Feagerville

82-a

Registration Dist. No. 131

St.

Ward

Length of residence in city or town where death occurred

60

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs.

mos.

ds.

No. Feagerville

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Asa Brunner Renn

(a) Residence: No. Feagerville

(Usual place of abode)

Outside

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
-------------	------------------------	---

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Lottie R. Long

6. DATE OF BIRTH (month, day, and year) Sept. 24, 1874

7. AGE Years 60	Months 8	Days 8	If LESS than 1 day, hrs. or min.
-----------------	----------	--------	----------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General Farming

10. Date deceased last worked at July 35 11. Total time (years) 40 spent in this occupation (month and year)

OCCUPATION

12. BIRTHPLACE (city or town)
(State or country) Maryland13. NAME John L. Renn
MOTHER / FATHER Maryland14. BIRTHPLACE (city or town)
(State or country) Lottie Smith Maryland

15. MAIDEN NAME Maryland

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Eugene Renn.
(Address) Frederick, Md. R. D.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Fred. Date July 3, 193519. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.20. FILED 3 July 1935 Drs. J. M. C. Cindy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 3rd.

5

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 1st 1935 to July 3rd 1935

I last saw him alive on July 1st 1935; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Artemus Etchison Date of onset 1935

Other Contributory Causes of importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Frank H. Hedger M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED AUG 5 1927 HOSPITAL NO. 5	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921

Other contributory causes of importance:

Gallstones	RECEIVED AUG 5 1927 HOSPITAL NO. 5	Date of onset
		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07724

1. PLACE OF DEATH

County Frederick

Village or City Feagerville

No. Feagerville

Registration Dist. No. 131

Length of residence in city or town where death occurred 40 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lottie Rosamond Renn

(a) Residence: No. Feagerville

(Usual place of abode)

St. Ward
Outside

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ^(write the word) Married
---------------	------------------------	--

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Asa B. Renn

6. DATE OF BIRTH (month, day, and year) May 27, 1875

7. AGE Years 60	Months 1	Days 4	If LESS than 1 day, hrs. or min.
-----------------	----------	--------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc... Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc... At Home

10. Date deceased last worked at this occupation (month and year) 3/35 | 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME John W. Long

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Charlotte E. Culler

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Asa B. Renn
(Address) Feagerville, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Fred Date 7/3/35, 1919. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED - July 1935 Dr. J. Mc Curdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 16, 1935, to July 1, 1935
I last saw her alive on July 1, 1935, death is saidto have occurred on the date stated above, at 11 A.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis 1935

Date of onset

Other Contributory Causes of importance:

General emaciation July 1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Joseph W. Long

(Signed) J. Mc Curdy M. O.

(Address) Feagerville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
AUG 5 1927
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07736

1. PLACE OF DEATH

County Frederick
Village or City Frederick

82@

Registration Dist. No. 131

131

No. Montevue Hospital

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 70 yrs. 9 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma Rebecca Rice

(a) Residence: No. 256 E. Seventh

(Usual place of abode)

If U.S. Veteran specify WAR None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
---------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Caleb Rice
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 7, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
78	1	23		

8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home

10. Date deceased last worked at July 1936 11. Total time (years) spent in this occupation (month and year) 60 j

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME James H. Joy
14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER FATHER
15. MAIDEN NAME Rose Measel
16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Chester S. McKenzie
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Fred. Place Date Aug. 1, 1935

19. UNDERTAKER M. R. Etchison & Son.
(Address) Frederick, Md.

20. FILED 31 July 1935 Proj. in Envelope
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 30th., 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 20, 1935, to July 30, 1935
I last saw her alive on July 20, 1935; death is said
to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral Hemorrhage July 20

Other Contributory Causes of importance:

Right hemiplegia July 20

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0-0

If so, specify

(Signed)

(Address) 130 North 2nd Frederick, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG 5 1935	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923	Other contributory causes of importance:	
		Gastroenteritis	i
			1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE IN PEN ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Frederick

Village or City

Liberty Town

131

Registration Dist. No.

07727

137

St.

Ward

Length of residence in city or town where death occurred

62

years

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May - 26 - 1873

7. AGE

Years
62Months
2Days
4If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.

Housework

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

July - 35

11. Total time (years)
spent in this
occupation

Deftness

12. BIRTHPLACE (city or town)

(State or country)

Md.

13. NAME

Daniel J. Riordan

14. BIRTHPLACE (city or town)

Ireland

(State or country)

MOTHER / FATHER

15. MAIDEN NAME

Catherine Costello

16. BIRTHPLACE (city or town)

Ireland

(State or country)

17. INFORMANT

Mrs Mary Renshaw

(Address)

Liberty Town

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cemetery Date July 30, 1935

19. UNDERTAKER

Pozzelle & Albaugh

(Address)

Liberty Town Md.

20. FILED

July 29, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July - 28th

(Month)

(Day)

, 1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

July - 18th 1935, to July 28th, 1935I last saw her alive on July 28th, 1935; death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute Epidemic Nephritis: July 16th
and acute flare-up of a _____
Chronic nephritis, C. & P.

Not preceded by any infectious disease.

Other Contributory Causes of importance:

Uremic Coma

Date of onset

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____

Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Otis T. B. Stone

M. D.

(Address) Liberty Town Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVED	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07728

1. PLACE OF DEATH

County

Fred F.

Village or City

Walkersville

97

Registration Dist. No.

153

St., Ward

Length of residence in city or town where death occurred

29 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No.

Walkersville

St. 7114, Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Males

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anna E. Routhzahn

6. DATE OF BIRTH (month, day, and year)

Mar. 22 - 1863

7. AGE

Years

70

Months

3

Days

25

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

70/5

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Jan. 1935

11. Total time (years)
spent in this
occupation

26 yrs

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

13. NAME

Edward Routhzahn

Date of onset

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Sarah Main

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

Mrs. Anna Routhzahn
Walkersville

18. BURIAL, CREMATION, OR REMOVAL

Placed at Mt. Hope Cem. Date July 20, 1935

19. UNDERTAKER

G. W. Wright
Walkersville Md.

20. FILED

July 18, 1935, R. Hard Stamps

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)17
(Day)1935
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 19 - 1935 to July 17, 1935

Last saw her alive on July 9, 1935; death is said

to have occurred on the date stated above.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gangrene of foot Jan 15/35

Other Contributory Causes of importance:

Arteriosclerosis

Unknown

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Dr. H. Beall

M. D.

Libertytown Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07739

1. PLACE OF DEATH

County

Frederick

119

Registration Dist. No.

145

Village or City

W. Myersville

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

19

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Emma Mae Routsahn

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 8 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

20 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (hrs.) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Montgomery Hospital
Frederick Md

MOTHER FATHER

13. NAME

George Routsahn

14. BIRTHPLACE (city or town)
(State or country)W. Myersville
Maryland

15. MAIDEN NAME

Stella Green

(near Myersville)

16. BIRTHPLACE (city or town)
(State or country)

Pleasant Walk

Maryland

17. INFORMANT
(Address)

George Routsahn

W. Myersville Md

18. BURIAL, CREMATION, OR REMOVAL
(place)

U.S. Cemetery Pleasant Walk

Md

July 19 1935

19. UNDERTAKER
(Address)

Bittler Bros

W. Myersville Md

20. FILED

July 8 1935

William S. Naehel

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 7

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1935, to July 3, 1935

I last saw her alive on July 3, 1935

to have occurred on the date stated above, at 1:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hep-Coltis

Data of onset
1935
June 30

Other Contributory Causes of Importance:

Malnutrition

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓

Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Dr. James Harp
Middeletown

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	MIC 8 1925	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BILING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07730

1. PLACE OF DEATH

County FREDERICK

129

Registration Dist. No. 131Village or City FREDERICK, MD.No. FREDERICK City Hospital St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 11 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.2. FULL NAME ROSE - MAY - ROUTZAHN(a) Residence: No. Mt. PLEASANT St.,

(Usual place of abode)

Obituary

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)SINGLE

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

JAN. 1st 1871Years 69 Months 6 Days 28 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationNONE

12. BIRTHPLACE (city or town)

Mt. PLEASANT
(State or country) MARYLAND

MOTHER

FATHER

13. NAME DANIEL HENRY Routzahn14. BIRTHPLACE (city or town) FREDERICK
(State or country) MARYLAND15. MAIDEN NAME MARGARETTE Fulton16. BIRTHPLACE (city or town) FREDERICK
(State or country) MARYLAND17. INFORMANT JOSEPH F. Routzahn
(Address) Mt. PLEASANT18. BURIAL, CREMATION, OR REMOVAL
Place MT. OLIVE CEMETERY Date JULY 6, 193519. UNDERTAKER HARRY E CARTY Co
(Address) FREDERICK, MD20. FILED 5-July, 1935 Smith T. Redwicke, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July
(Month)4
(Day)1935
(Year)22. I HEREBY CERTIFY That I attended deceased from
June 28, 1935, to July 4, 1935I last saw her alive on July 3, 1935; death is saidto have occurred on the date stated above, at 2 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:General Paroxysm
Operation - Cause not found

Other Contributory Causes of importance:

General toxemiaName of operation Laparotomy Date of July 1-35What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 ____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

J. M. Smith
(Signed) T. Redwicke, M.D.
(Address) T. Redwicke, M.D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	AUG 5 1925	JULY 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07731

1. PLACE OF DEATH

County Frederick

Village or City Middletown, Md

Length of residence in city or town where death occurred 16 yrs.

49-2

Registration Dist. No.

132

St.

Ward

No. Main St

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Frances Louise Rudy

(a) Residence: No. Middletown, Md

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

None

6. DATE OF BIRTH (month, day, and year) January 10, 1873

7. AGE	Years	Months	Dey	If LESS than 1 day, _____ hrs. or _____ min.
62	5	26		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeping

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) 10/34 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME George E. Rudy

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Elmira Cockran

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mr. Edward Rudy
(Address) Middletown, Md

18. BURIAL, CREMATION, OR REMOVAL Middletown, Md.

Place Reformed Chm. Date 7/8/35, f9

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED July 6, 1935 D. Grayson Sawyer,
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

(Month)

6th

(Day)

1935

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 1932, to June 5, 1935; I last saw her alive on June 5, 1935; death is said to have occurred on the date stated above, at 1:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

@carcinoma

origin left ovary

Date of onset

1932

Other Contributory Causes of importance:

Name of operation Hysterectomy Date of 1932

What test confirmed diagnosis? Nucleus Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Elmer Harp M. O.
(Address) Middletown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
<i>Arteriosclerosis</i>	RECEIVED
<i>Chronic interstitial nephritis</i>	AUG 5 1925
<i>Cerebral hemorrhage</i>	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

The principal cause of death and related causes of importance were as follows:	
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:	
<i>Gastroenteritis</i>	1 year

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07732

1. PLACE OF DEATH

County

Frederick Co.

(159)

Registration Dist. No.

131

Village or City

Montgomery

No. _____

St.,

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth yrs. mos. ds.

2. FULL NAME

Bobby Gail Singer

(a) Residence: No. 204 E. 8th St. Frederick, Md.

(Usual place of abode)

The Corporate

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, $\frac{1}{2}$ hrs. or ____ min.
0	0	0	0	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPE, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME	Elmer Washington Singer
----------	-------------------------

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME	Ruth Elizabeth Long
-----------------	---------------------

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT	Mr. Maurice Oliver Sept. Martinez
---------------	-----------------------------------

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Beaver Dam Date: July 29, 1935

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

20. FILED

29-July 1935 Dr. J. C. Cline

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED MAY 5 1925 FBI LABORATORY	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINTIG

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07733

1. PLACE OF DEATH

County Frederick

Village or City near Braddock Heights

Length of residence in city or town where death occurred

23

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 131

St. Ward

2. FULL NAME Leafy Frances Smiley

(a) Residence: No. near Braddock Heights

(Usual place of abode)

If U.S. Veteran specify WAR No. 23

Outside

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 7, 1912

7. AGE Years 23	Months 1	Days 16	If LESS than 1 day, _____ hrs. or _____ min.
-----------------	----------	---------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home	
10. Date deceased last worked at this occupation (month and year) June 1934	11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) near Braddock Heights
(State or country) Maryland

13. NAME John W. Smiley

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Bertie Sherfey

16. BIRTHPLACE (city or town) Virginia
(State or country)17. INFORMANT C. Lester Smiley
(Address) Braddock Heights, Md.18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem.
Placa Frederick, Md. Date July 25, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 2x July, 1935 *J. Smiley*
Signature Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 23, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from June 23, 1935 to July 23, 1935

I last saw her alive on July 22, 1935; death is said to have occurred on the date stated above, at 1:30A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis - Acute

About
Date of onset
6/28/35

Other Contributory Causes of Importance:

General Pulmonary Tuberculosis

1932 (?)
Sept.

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify *C. H. Conley*(Signed) *C. H. Conley*(Address) C. H. Conley M. D.
Frederick, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 5 1955	1921
BUREAU V. S.		
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07734

MARGIN RESERVED FOR BINDER
 N. B.—WRITE PLENTY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Fred*Village or City *Bentzwell*

No.

Registration Dist. No. *186*

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Elnor Snowder

If U.S. Veteran specify WAR

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 23 - 1988

7. AGE

Years

Months

Days

IT LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*MD*

13. NAME

*Elnor Snowder*14. BIRTHPLACE (city or town)
(State or country)*MD*

15. MAIDEN NAME

*Muzell Snowder*16. BIRTHPLACE (city or town)
(State or country)*MD*

17. INFORMANT

(Address)

Elnor Snowder MD

18. BURIAL, CREMATION, OR REMOVAL

Place

Elnor's

Date

July 23, 1988

19. UNDERTAKER

(Address)

Elnor Snowder MD

20. FILED

Date

July 23, 1988

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*July**23**1988*22. I HEREBY CERTIFY, That I attended deceased from
5 A.M. 19th, to *7 A.M.* 19th

I test saw him alive on _____, 19____; death is said

to have occurred on the date stated above, at *5 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Don't Know
still born*

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Fall

Date of Injury

Last Wed 31

Where did Injury occur?

Frederick

Co.

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

unknown

Nature of injury

unknown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Elmer Tolman* M. D.
(Address) *Janesville MD*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
RECEIVE	
AUG 5 1928	
Other contributory causes of importance:	
Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07735

1. PLACE OF DEATH

County

Frederick

186-a

Registration Dist. No.

131

Village or City

Frederick

Death Regt. No. 115 Reed

St.

Ward

Length of residence in city or town where death occurred

15 yrs.

mos.

ds.

How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Within the Corporate limits

2. FULL NAME

Anna Houston Stage

(a) Residence: No.

115 Royal Street, Frederick, Md.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED. (Write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William Stage

6. DATE OF BIRTH (month, day, and year)

Oct. 14-1856

7. AGE

Years
78Months
9Days
4If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Uniontown, Pa.

MOTHER

FATHER

Henry Beeson

Virginia

13. NAME

Tyde Houston

14. BIRTHPLACE (city or town)
(State or country)

Allegheny City, Pa.

15. MAIDEN NAME

Mrs. Jacob Rohrbach

16. BIRTHPLACE (city or town)
(State or country)

Frederick, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Olivet Cemetery

Date Aug 20, 1935

19. UNDERTAKER

(Address)

G. G. Cline & Son

Frederick, Md.

20. FILED

(Address)

J. J. Murphy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

18 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 16, 1935, to July 18, 1935.

I last saw him alive on July 17, 1935; death is said

to have occurred on the date stated above, at 1 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Paraplegia due to
a fall striking the
lumbar spine

Date of onset

May 12

1935

Other Contributory Causes of Importance

Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

No

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury May 12, 1935Where did injury occur? In home of Anna Johnson

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury Strangled & fellNature of injury injured lumbar spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mrs. Anna Johnson

M. D.

(Address) Oneida Rd.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:-

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 8, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07736

1. PLACE OF DEATH

County Frederick

167

Registration Dist. No.

137

Village or City New Midway outside

St., Ward

Length of residence in city or town where death occurred 68 yrs.

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

mos.

ds.

2. FULL NAME Charles E. Stump(a) Residence: No. New Midway

St.

Ward.

If U.S. Veteran specify WAR No

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Singe6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

March 11, 1866

7. AGE

Years 70Months 3Days 22If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Mar. 193211. Total time (years)
spent in this
occupation 4012. BIRTHPLACE (city or town)
(State or country)Carroll Co.
Maryland

MOTHER

FATHER

13. NAME Daniel Stump14. BIRTHPLACE (city or town)
(State or country)Crozer Station
Maryland15. MAIDEN NAME Margaret Stump16. BIRTHPLACE (city or town)
(State or country)Carroll Co.
Maryland17. INFORMANT Mrs. Marcella Jeffries
(Address) Letterbox, Frederick

18. BURIAL, CREMATION, OR REMOVAL

Place Hanover Date July 5, 193219. UNDERTAKER W. C. Leonard Son
(Address) Baltimore Md.20. FILED July 4, 1932 M. D. Surgeon
(Address) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July51935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. David on arrival 19 to 19
to have occurred on the date stated above, et. 12 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Gun shot wound
of head.

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/3, 1932

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Edward J. Dillier M. D.
(Address) Detour Ward

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
Arteriosclerosis	1915	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU	July 5, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07737

1. PLACE OF DEATH

County Frederick

(23)

Registration Dist. No.

139

Village or City

STATE SANATORIUM, MD

No.

St,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

23

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

2. FULL NAME John C. Stewart

(a) Residence: No. 309 S. Gilmor, St.

St,

Ward Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Married.

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Harriet E. Stewart

6. DATE OF BIRTH (month, day, and year)

Feb. 6 1893.

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

42

5

4

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Clerk

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Nov. 1934

11. Total time (years)
spent in this
occupation 25Yrs.

12. BIRTHPLACE (city or town)

(State or country)

Maryland.

Data of onset

Nov.

1934

MOTHER / FATHER

13. NAME

John A. Stewart

14. BIRTHPLACE (city or town)

(State or country)

Maryland.

Pulmonary Tuberculosis

15. MAREN NAME

Rebecca G. Fowler

16. BIRTHPLACE (city or town)

(State or country)

New York

17. INFORMANT

Harriet E. Stewart

(Address)

309 S. Gilmor, St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Md.

Date Unknown

19. UNDERTAKER

M.L. Creager

(Address)

Thurmont, Md.

20. FILED

7/10 1935

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. DATE OF DEATH

July 10

(Month)

10

(Day)

1935

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
May 17, 1935, to July 10, 1935I last saw him alive on July 10, 1935; death is said
to have occurred on the date stated above, at 10, 15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Other Contributory Causes of importance:

Name of operation none Pos. Sputum

What test confirmed diagnosis? Chest X Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Md.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Stewart S. Shaffer M. O.
(Address) State Sanatorium, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

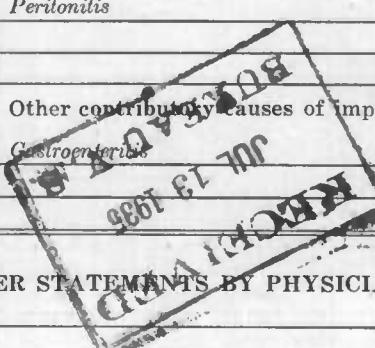
Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE Plainly, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07738

131

1. PLACE OF DEATH

County Frederick

Village or City Near Braddock Heights

Length of residence in city or town where death occurred yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

2. FULL NAME Gladys Lenora Stillions

(a) Residence: No. Near Braddock Heights

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of Albert R. Stillions

6. DATE OF BIRTH (month, day, and year) May 13, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
35	2	0		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William A. Mercer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida M. Fox

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert R. Stillions
(Address) Near Braddock Heights

18. BURIAL, CREMATION, OR REMOVAL Place Middletown, Md. Date 7/15, 1935

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 15 July 1935 Dr. J. McCurdy
Registrar

Registration Dist. No.

No. Near Braddock Heights Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran specify WAR None

1st War
(Outside)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 13th, 1935 5
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on July 13, 1935; death is said

to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage 9/13

Other Contributory Causes of Importance:

Hepatitis
Gastric Nephritis
Obesity

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Dr. J. McCurdy M. D.

(Address) Frederick, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	AUG 5 1925	1921
Cerebral hemorrhage	JULY 5, 1927	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07739

1. PLACE OF DEATH

County Frederick

Section the Coroner's Office

82-a

Registration Dist. No.

131

Village or City Frederick

Length of residence in city or town where death occurred 53 yrs. 8 mos. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Cornelia Summers

(a) Residence: No. 134½ East St

(Usual place of abode)

No. 134 ½ East St.

St., Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Frank Summers

6. DATE OF BIRTH (month, day, and year) September 10, 1871

7. AGE Years Months Days It LESS than
53 8 26 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	At Home
10. Date deceased last worked at this occupation (month and year) 6/15/35	11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) Frederick, Md.
(State or country)

13. NAME William Johnson

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Ruth Britton

16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Ruth Summers
(Address) 134½ East St., Frederick, Md.18. BURIAL, CREMATION, OR REMOVAL Fairview Cem.
Place Frederick, Md. Date July 9, 193519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Md.20. FILED 8-July, 1935 D. J. McMurtry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July

6

(Month)

(Day)

, 1935
(Year)

22. I HEREBY CERTIFY, that I attended deceased from

May 19, to July 6, 1935; death is said
to have occurred on the date stated above, at 2:30 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral hemorrhage

Other Contributory Causes of importance:

Hypertension

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 5 1935	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07740

1. PLACE OF DEATH

County FrederickVillage or City Cedarville and

Registration Dist. No.

136

St., Ward

Length of residence in city or town where death occurred

yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Rogers (Rogers) Thompson(a) Residence: No. Cedarville and

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
--------------------	---------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMarch 4, 1935

6. DATE OF BIRTH (month, day, and year)

4-25-35

7. AGE Years <u>4</u>	Months <u>23</u>	Days <u>none</u>	If LESS than 1 day, _____ hrs. or _____ min.
-----------------------	------------------	------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Cedarville
Ind.13. NAME Ridue Rogers14. BIRTHPLACE (city or town)
(State or country)Cedarville
Ind.15. MAIDEN NAME Mary Thompson16. BIRTHPLACE (city or town)
(State or country)Cedarville
Ind.17. INFORMANT Sgt. Thompson
(Address) Cedarville

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Date July 25, 193519. UNDERTAKER A. L. Thompson
(Address) Edgewood20. FILED July 27, 1935 80 Handbooks

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7 27, 1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 7-27, 1935; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Whooping Cough
Cards & ParoxysmsDate of onset
7-22-35
today

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

No placeManner of Injury none

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. G. Barnes M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	AUG 5 1935	1921

IN RE: U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For name of father, see letter filed under Bourne, 9-9-35

B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07741

1. PLACE OF DEATH

County

Frederick

462

Registration Dist. No.

131

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

8

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

Severella J. Wachter

Catcoctin Ave., Frederick, Md.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Strike the word)

Married

5a. If married, widowed, or divorced
HUSBAND or WIFE of

Newton E. Wachter

6. DATE OF BIRTH (month, day, and year)

July 18-1865

7. AGE

69

Years

11

Months

20

Days

20

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

6/5/35

11. Total time (years) spent in this occupation

40 yrs

12. BIRTHPLACE (city or town)
(State or country)

Washington Co.

Md.

MOTHER FATHER

13. NAME

George Smith

14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME

Harriett J. Kirby

16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT
(Address)

Howard Wachter

Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL
Place

Rock Memorial Cemetery

Date 7/10

19

19. UNDERTAKER
(Address)

E. Cline & Son

Frederick Md.

20. FILED
10-July 1935

Dr. J. D. Gandy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 8

1935

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 2, 1935, to July 8, 1935

I last saw her alive on July 8, 1935; death is said to have occurred on the date stated above, at 8 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Left hemiplegia

Date of onset
July 2, 31

Cerebral hemorrhage

Other Contributory Causes of Importance:

Cerebral hemorrhage

Date of
July 3, 35

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

B. Thomas
Frederick, Md. M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1916
Chronic interstitial nephritis		1901
Cerebral hemorrhage	AUG 5 1925	July 5, 1927
BUREAU V. S.		
Other contributory causes of importance:		
Gallstones		May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07742

1. PLACE OF DEATH

County Frederick

23

Registration Dist. No. 139

Village or City

STATE SANATORIUM. Md.

No.

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Milton J. Watts.

(a) Residence: No.

Millersville A.A.Co. St.,

Ward.

Maryland.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
-------------	------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Agnes Watts.

6. DATE OF BIRTH (month, day, and year)

Oct. 10 1889.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
45	9	0		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer.

Date of onset

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

✓

10. Date deceased last worked at this occupation (month and year)

Oct. 1934

11. Total time (years) spent in this occupation

35 yrs.

Date of onset

12. BIRTHPLACE (city or town)
(State or country)

Maryland.

Date of onset

13. NAME Joshua Watts.

14. BIRTHPLACE (city or town)
(State or country)

Maryland

Date of onset

15. MAIDEN NAME Mary Wade

16. BIRTHPLACE (city or town)
(State or country)

Maryland

Date of onset

17. INFORMANT Milton J. Watts.
(Address) Millersville, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md. Date Unknown

Date of onset

19. UNDERTAKER M.L.Creager

(Address) Thurmont, Md.

Date of onset

20. FILED 7/10/35

Signature

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 10

5

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Mar. 1935

July 10

1935

(Month)

(Day)

193

(Year)

I last saw h. 1m alive on July 10, 1935; death is said to have occurred on the date stated above, at 4.45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Mar. 1933

Other Contributory Causes of importance:

Tuberculous Laryngitis

Name of operation none Pos. Sputum

Data of

Chest X Ray Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Stewart S. Shaffer M.D.

(Address) State Sanatorium, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

RECEIVED
JUL 17 1935
FBI
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07743

MARGIN RESERVED FOR BINING

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County... Frederick

Village or City... Urbana

(120)

Registration Dist. No. 136

Length of residence in city or town where death occurred 2 yrs., 0 mos., 27 ds. How long in U.S. if of foreign birth? yrs., mos., ds.

2. FULL NAME... Max Edward Windsor

(a) Residence: No. Urbana, Md.

(Usual place of abode)

If U.S. Veteran specify WAR

None

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

None

6. DATE OF BIRTH (month, day, and year) June 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	0	27	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	at home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME Jesse L. Windsor

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Irene Wachter

16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mr. Jesse L. Windsor
(Address) Urbana, Md.18. BURIAL, CREMATION, OR REMOVAL Frederick, Md.
Place Mt. Olivet Cem. Date 7/29/3519. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland20. FILED July 28, 1935 G.O. Hendrickson
Registrar

21. DATE OF DEATH

July (27) 1935 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on July 26, 1935, to July 28, 1935

to have occurred on the date stated above, at 12:25 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Auto Collier

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an au'opsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank H. Hege M. D.

(Address) Frederick

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1922

Example 11

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07744

1. PLACE OF DEATH

County. Frederick.

Village or City STATE SANATORIUM MD. ND.

Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

47-2

Registration Dist. No. 139

St.

Ward

2. FULL NAME John James Yelinek

(a) Residence: No. 1611 Elmtree St. Curtis Bay Ward. Baltimore, Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Catherine Yelinek

6. DATE OF BIRTH (month, day, and year) Feb. 26 1886.

7. AGE Years 49	Months 4	Days 20	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Foundry Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) Feb. 1935

11. Total time (years) spent in this occupation 30 Yrs.

12. BIRTHPLACE (city or town)
(State or country) Bohemia

13. NAME George Yelinek

14. BIRTHPLACE (city or town)
(State or country) Bohemia

15. MAIDEN NAME Anna Uhlik

16. BIRTHPLACE (city or town)
(State or country) Bohemia17. INFORMANT John J. Yelinek
(Address) Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Md. Date Unknown, 1919. UNDERTAKER M. L. Creager
(Address) Thurmont, Md.

20. FILED 7/16/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to July 16, 1935.

I last saw him alive on July 15, 1935, death is said to have occurred on the date stated above, at 2:25 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Carcinoma of Lung.

Feb. 1935

Other Contributory Causes of importance:

Cachexia.

Name of operation none Date of

What test confirmed diagnosis unconfirmed Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Stewart J. Shaffer M. D.
(Address) State Sanatorium Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	RECEIVED 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07745

1. PLACE OF DEATH

County Frederick

23

Registration Dist. No. 139

Village or City STATE SANATORIUM MD.

St.

Ward

Length of residence in city or town where death occurred 9 yrs. 9 mos. 24 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Catherine Young.

(a) Residence: No. Laurel, Prince George Co. st. Ward. Maryland.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
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5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan. 13 1916.

7. AGE 19	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	3	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Washington, D.C.

13. NAME Thomas Padgett

14. BIRTHPLACE (city or town)
(State or country) Unknown

15. MAIDEN NAME Mabel Young

16. BIRTHPLACE (city or town)
(State or country) Maryland.17. INFORMANT Frances C. Young
(Address) Laurel, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Laurel, Md. Date Unknown, 1919. UNDERTAKER Ridge Selby
(Address) Laurel, Md.

20. FILED 7/6 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

July 16, 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept. 22, 1934, to July 16, 1935.

I last saw her alive on July 16, 1935; death is said to have occurred on the date stated above, at 4:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

July

1934

Other Contributory Causes of importance:

Name of operation none Pos. Sputum

What test confirmed diagnosis Chest X Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stewart S. Shaffer M.D.
(Address) State Sanatorium Md.

MARGIN RESERVED FOR BILING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset RECEIVED
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN